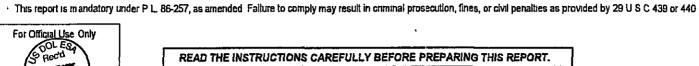


## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

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Coms of the contract of the co		
1 File Number U - 93.59	2. Fiscal Year Covered From	
	////// Through /2/37/04	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name John A PEREZ	Name ILURAT. DISTRICT COUNCIL #35	
	Labor Organization File Number 028657	
P O Box, Bidg , Room No , if any	P O Box, Building and Room Number, if any	
Street 197 MONASIERY AVENUE	Street 25 ColgAlE Rond	
CITY WEST SPRINGFIELD	CHY ROSLINGALE	
State MA ZIP Code + 4 01089	State MA ZIP Code + 4 02/3/	
5 Position in labor organization ORGANIZER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organizat	7 a Nature of Interest, Transaction, or Income	
6 Name and address of Employer (including trade name, if any)	7 a Nation of Interest, Transaction, of Income	
Name	. []	
Trade Name, If any	, []	
PO Box, Bldg , Room No , if any		
	7 b Amount	
Street		
City	( )	
State ZIP Code + 4		
Signature		
Sign	nature	
15 Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing John: A PEREZ	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or Indidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise	*
8 Name and address of Business (including trade name, if any).	9 Business deals with	
Name	a. Labor Organization	
Trade Name, if any	b Trust	
P O Box, Bldg , Room No , if any	c. Employer	
Street	tuani	
Caty		
State ZIP Code + 4		
10 If 9 b or 9 c. is checked give trust or employer's name	11.a Nature of such dealing	
Name PaiNIERS & Allied Trades DC#35  Joint Program TRUST  Trade Name, if any		
PO Box, Bldg, Room No, if any Suite #221		•
Street 25 COLORIE ROAD		
City RostindalE	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	<u> </u>
State MA. Z!P Code + 4 02/3/	FUND RAISING OUTIN SPFID. TECH, COMMUNITY	College
		11 00
l .		
	12 b Amount	\$50
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	\$50,00
	er parts A and B above)	#50°
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value	\$50°
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant , (including trade name, if any)	er parts A and B above) or other thing of value	#50°
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor-Relations Consultant (including trade name, if any)  Name	er parts A and B above) or other thing of value	#50°
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor-Relations Consultant (including trade name, if any)  Name  Trade Name, if any	er parts A and B above) or other thing of value	#50°
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor-Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any	er parts A and B above) or other thing of value	#50°
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor-Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street	er parts A and B above) or other thing of value	#50°



## **Disclaimer**

The transactions, dealings and interests that are detailed in the attached Form L-M 30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form L-M 30.

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